

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Brown for Governor 2010 Exploratory Committee			<b>Date of This Filing</b> 10/21/2009	Date Stamp      Page 1 of 3	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (510)628-0202	<b>I.D. NUMBER</b> (if applicable) 1321867		<b>Report No.</b> 20091021-4465448		
<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Oakland	<b>STATE</b> CA	<b>ZIP CODE</b> 94612-1775	<b>No. of Pages</b> 3		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/18/2009	Orange County Professional Firefighters Association Santa Ana, CA 92705-5549  ID# 950925	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,900.00
10/18/2009	Orange County Professional Firefighters Association Santa Ana, CA 92705-5549  ID# 950925	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$12,900.00
10/18/2009	William Brooks Fremont, CA 94536-6408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Ardenbrook	\$25,900.00

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Brown for Governor 2010 Exploratory Committee			<b>Date of This Filing</b> 10/21/2009	Date Stamp      Page 2 of 3	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (510)628-0202	<b>I.D. NUMBER</b> (if applicable) 1321867		<b>Report No.</b> 20091021-4465448		
<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Oakland	<b>STATE</b> CA	<b>ZIP CODE</b> 94612-1775	<b>No. of Pages</b> 3		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/18/2009	William Brooks Fremont, CA 94536-6408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Ardenbrook	\$12,900.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Brown for Governor 2010 Exploratory Committee			<b>Date of This Filing</b> 10/21/2009  <b>Report No.</b> 20091021-4465448  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)  <b>No. of Pages</b> 3	Date Stamp   Page 3 of 3	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (510)628-0202	<b>I.D. NUMBER</b> (if applicable) 1321867				
<b>STREET ADDRESS</b>					
<b>CITY</b> Oakland	<b>STATE</b> CA	<b>ZIP CODE</b> 94612-1775			

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: